

leaves and grass, the huge boats have sailed away out of the harbor like monstrous butterflies coming to life, and on every hand we have the eternal evidences of the resurrection.

(To be continued.)

THE HOURLY NURSE

By ISABELLE R. HALL

Graduate New England Hospital, Boston

THE hourly nurse has for some time been a feature of the nursing profession in other cities, but it is only lately that it has been possible to obtain her valuable services in Boston.

The trained nurse has become an absolute necessity in cases of all kinds and in families of all degrees, from the highest to the lowest. Among the poor the district nurse comes in by the day or hour, as the need may be, and gives the care necessary to make the sufferer comfortable. Until recently there has been no one to render similar service in the families of the well-to-do. The ordinary trained nurse is usually engaged by the week, and rarely cares to go to a case for a shorter time, because she must withdraw her name from the registry, go back to the end of the list, and risk losing a long engagement.

The hourly nurse who has had the same training, having graduated from a hospital in good standing, holds herself ready to answer calls at all times for one, two, three, or twenty-four hours, as the case demands.

She assists physicians at minor operations, remaining with the patient while recovering from ether, and, if needed, stays over night. Then she goes each day to change the dressings and carry out the doctor's orders as far as she can, making it easy for the family to care for the patient during the remainder of the day.

It often happens that no competent person is available to relieve the regular nurse at a case for the hours for rest and exercise to which she is entitled and without which she cannot keep the perfect health needed in caring for the sick. Arrangements can be made with the hourly nurse to come at a stated time each day and take charge of the patient during the absence of the nurse. Thus the family can feel sure that the patient is losing nothing by being left to unskilful hands, while the expense is trifling compared with that of having a second nurse. Again, in these days of apartment-houses there are many homes where it is inconvenient, if not impossible, to have a nurse staying in the house.

The hourly nurse fills the same place in such cases that the district nurse does in poor families. She comes for the necessary time, planning to meet the physician when he makes his visit, executes his orders herself, or instructs some member of the family to do so intelligently, and thus enables the patient to have, at little expense, all necessary care, if not all the luxury of a trained nurse in constant attendance.

Often a young mother wishes to go out to dinner or for the evening, but she cannot do so comfortably, leaving her baby to the care of the ordinary maid. With a competent trained nurse in the house for the hours while she is absent, the mother can enjoy her outing with an easy mind, knowing her baby is in safe hands.

There are many aged persons who are too feeble to take entire care of themselves. They do not need a trained nurse, or even an attendant, all the time, but the assistance that a competent person could give them in an hour or two each day would add greatly to their comfort, and many times be invaluable. Here again the hourly nurse proves her worth.

Multitudes of cases might be cited where such work is needed, as among people living in hotels and lodging-houses, students in dormitories, travellers taken ill while staying in the city for a few days, etc., etc.

The trained nurse has been educated to be of real value to her patients, and is ready and willing to turn her hand to anything that adds to their ease and comfort. When it is understood in every community that there are nurses willing to go out by the hour or day as well as by the week or month there will be new avenues of usefulness opened for them in every direction.

STERILIZING IN A PRIVATE HOUSE

(WITH ONE NEW DEVICE)

BY RUTH BREWSTER SHERMAN

Graduate of the Johns Hopkins School for Nurses

ONE of the first puzzles which confronts a newly graduated nurse is the proper sterilizing of dressings and supplies in a private house. Most of us remember with what sinking hearts we viewed the result of our first attempt—bundles so soaked as to be useless without hours of drying, or so scorched and burned that we were ashamed to offer them to the doctor. Indeed, from questions sometimes heard, some nurses of